

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10-030,940	FLILING D.
						CLAIMS	
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						51
2		1					52
3		2					53
4		2					54
5		(1)					55
6		(1)					56
7		(1)					57
8		(1)					58
9		(1)					59
10		(1)					60
11	1						61
12		1					62
13		1					63
14		3					64
15		3					65
16							66
17							67
18							68
19							69
20							70
21							71
22							72
23							73
24							74
25							75
26							76
27							77
28							78
29							79
30							80
31							81
32							82
33							83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	2						TOTAL IND.
TOTAL DEP.	19						TOTAL DEP.
TOTAL CLAIMS	21						TOTAL CLAIMS